## 47000067560

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SECRETARY OF STATE
ONVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DIAZ + ASSCCIATES JOVESTNIFO  Name of Limited Liability Company	UTS LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ostudo E. Brocke	
Diaz (ASSOCIALES Three Aure	it LL(
9450 SCU FT AVP.	
Miami, FL. 33176  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
AV W Brock at (305) 576-7584  Area Code Daytime Telephone Number	<u> </u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAZ +	ASSUC	CIATES I	TOUE STATES	-15 W	2
		ny <u>as it now appears on o</u> aability Company)	•		
The Articles of Organization for this Limited Li Florida document number <u>LI70000</u>	ability Company 27560	were filed on $C$	3/24/2017	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the w Enter new principal offices address, if applications of the address MUST BE A STREE	able:	1380 Company," the designa 1380 C	scu 87	AVC. 3	SECRET
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BON)</u>			13 AM 8: 43	ARY OF STATE
B. If amending the registered agent and/oregistered agent and/or the new registered of			records, enter the	name of the	new
Name of New Registered Agent: New Registered Office Address:	USUA 9180	100 E.	Broch e. Mian	L	
	Milny	Enter Florida sti City	eer address , Florida	3/76 Zip Code	_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

16/2002

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title NIGN ELIZABRAIN DIAZ 9026 NW 17614 CN DADO MEMOVE \_\_ 

Change NUR DUAND Broche 9,580 SUSTAVE. XAND Michiel 33176 - Remove \_\_ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_\_\_\_ Change \_□ Remove \_□ Change \_ 🗆 Add ☐ Remove

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effi <u>e:</u>	ve date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earli
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Filing Fee: \$25.00